## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number 10/625,634 \$4 \$19-C\$

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                 |                       |                                 |                  |        | SMALL ENTITY TYPE   |                        | OR     | OTHER THAN<br>OR SMALL ENTITY |                        |
|--|--|---|-----------------|-----------------------|---------------------------------|------------------|--------|---------------------|------------------------|--------|-------------------------------|------------------------|
| TOTAL CLAIMS   |  |   | 24              |                       |                                 |                  | 1      | RATE                | FEE                    |        | RATE                          | FEE                    |
| FOR  |  |   | NUMBER FILED    |                       | NUMBER EXTRA                    |                  |        | BASIC FEE           | 375.00                 | OR     | BASIC FEE                     | 750.00                 |
| TO   | TAL CHARGEA                                    | BLE CLAIMS                                | 2 4 minus 20=   |                       | . 4                             |                  |        | X\$ 9=              |                        | OR     | X\$18=                        | 72                     |
| INDI   | EPENDENT CL                                    | AIMS                                      | 3 minus 3 =     |                       | . 5                             |                  | ٠      | X42=                |                        | OR     | X84=                          |                        |
| MUI  | TIPLE DEPEN                                    | DENT CLAIM PI                             | RESENT          |                       |                                 |                  |        | +140=               |                        | OR     | +280=                         |                        |
| * If the difference in column 1 is less than zero, enter   |  |   |                 |                       | r "0" in c                      | olumn 2          |        | TOTAL               |                        | OR     | TOTAL                         | 122                    |
| CLAIMS AS AMENDED - PART II  |  |   |                 |                       |                                 |                  |        | SMALL ENTITY        |                        |        | OTHER THAN SMALL ENTITY       |                        |
|  | 2-11-05  | (Column 1)<br>CLAIMS                      | 1               | HIGH                  | EST                             |                  |        |                     | ADDI-                  |        |                               | ADDI-                  |
| <b>AMENDMENT A</b>   |  | REMAINING<br>AFTER<br>AMENDMENT           |                 | NUM<br>PREVIO<br>PAID | OUSLY                           | PRESENT<br>EXTRA |        | RATE                | TIONAL<br>FEE          |        | RATE                          | TIONAL<br>FEE          |
|  | Total  | · 23                                      | Minus           | ** 7                  | 24                              |                  |        | X\$ 9=              |                        | OR     | X\$18=                        |                        |
|  | Independent                                    | · 3                                       | Minus           | ***                   | 3                               | =                |        | X42=                | ·                      | OR     | X84=                          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |                       |                                 |                  | ]      | +140=               |                        | OR     | +280=                         |                        |
|  |  |   |                 |                       |                                 |                  |        | TOTAL<br>ADDIT, FEE |                        | OR     | TOTAL<br>ADDIT, FEE           |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |                 |                       |                                 |                  |        |                     |                        |        |                               |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | NUM<br>PREVI          | HEST<br>MBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA |        | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus           | **                    |                                 | =                | ]      | X\$ 9=              |                        | OR     | X\$18=                        |                        |
|  | Independent                                    | *   | Minus           | ***                   |                                 | =                |        | X42=                |                        | OR     | X84=                          |                        |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |                       |                                 |                  |        | +140=               |                        | OR     | +280=                         |                        |
|  |  |   |                 |                       |                                 |                  |        | TOTAL<br>ADDIT, FEE |                        | OR     | TOTAL<br>ADDIT, FEE           |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |                 |                       |                                 |                  |        |                     |                        |        |                               |                        |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | NUM<br>PREV           | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA |        | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus           | **                    |                                 | -                |        | X\$ 9=              |                        | OR     | X\$18=                        |                        |
|  | Independent                                    | *   | Minus           | ***                   |                                 | =                |        | X42=                |                        | OR     | X84=                          |                        |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |                       |                                 |                  |        | +140=               |                        | 1      | +280=                         |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |  |   |                 |                       |                                 |                  |        |                     |                        | OR     | TOTAL                         |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                 |                       |                                 |                  |        |                     |                        |        |                               |                        |
|  | The "Highest Nur                               | nber Previously P                         | aid For" (Total | or Indepen            | ident) is th                    | e highest numb   | ber fo | ound in the ap      | propriate <b>o</b> c   | x in c |                               |                        |